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Comorbidities in Persons Living with HIV/AIDS: Behavioral and Clinical Research

As people with HIV infection are increasingly living longer with improved immune function and better health outcomes, due to advances in combination drug treatments, HIV disease has evolved from a progressive, ultimately fatal disease (at least in developed countries), to a chronic condition that can often be managed long term. Thus, the face of the HIV epidemic in the United States has changed with the emergence and rapid increase in "non-HIV" comorbidities (neuropsychiatric and medical) and a decrease in the comorbidities commonly associated with HIV infection (e.g., Kaposi's sarcoma, mycobacterium avium complex disease, and pneumocytstis carinii pneumonia). These "non-HIV" comorbid disorders impact on the nature, progression, underlying mechanisms, and treatment of HIV disease. The newly emerging neuropsychiatric comorbidity profile in HIV disease challenges both the available prevention strategies and service delivery systems and results in levels of individual suffering and societal costs that are magnified well beyond those associated with any individual disorder.

This initiative will address behavioral and clinical research issues for the most common mental health-related (and medical) comorbidities that may be preexisting or secondary to HIV infection including mental illness, substance abuse disorders, neurocognitive disorders, and Hepatitis C virus co-infection. Co-occurrence of these conditions adds significant complications to the manifestations of HIV disease and its CNS sequelae and interacts adversely with other long-term medical problems (vascular, endocrine, nutritional, and metabolic abnormalities). Racial and ethnic minority subpopulations may have greater susceptibility to a number of known risk factors and comorbidities associated with mental illness, including stress, violence, substance abuse, and prenatal/perinatal insults, and there is little information on whether these susceptibilities and their impact on HIV disease are primarily of genetic or environmental origin. This initiative targets multiply diagnosed persons with HIV disease across the life span and in a variety of populations and settings, and will address questions in some of the following research areas: (1) epidemiological research on neuropsychiatric and substance abuse comorbidities, neurocognitive impairment, and behavioral complications in HIV disease; (2) the interaction between neuropsychiatric disorders and other medical comorbidities in HIV disease; (3) methodological research to identify reliable and valid screening and assessment tools, neuroimaging technologies, and functional outcomes to detect and assess the impact of co-occurring disorders in HIV disease; (4) treatment research focusing on neuropsychiatric comorbidities and interactions between HIV-related therapies and neuropsychiatric therapies; (5) integrated intervention development for co-occurring disorders in HIV disease to determine the most effective means and components of integration; and (6) research to achieve a better understanding of and to enhance service delivery on co-occurring mental illness, problem substance use and other medical disorders in HIV disease.

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